

Southfield Way Surgery

Quality Report

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Date of inspection visit: 16 December 2015

Date of publication: 28/01/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southfield Way Surgery on 16 December 2015. Overall the practice is rated as good.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Our key findings were as follows:

- Staff knew how to and understood the need to raise concerns and report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and acted upon.
- Risks to patients were assessed and well managed.
- Best practice guidance was used to assess patients' needs and plan and deliver their care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was easy to understand but not readily available as patients had to ask for the practice leaflet.
- Patients said they found it easy to make an appointment with a GP of their choice and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Carry out periodic fire drills to ensure staff know how to follow the fire evacuation procedure.
- Carry out a Control of Substances Hazardous to Health (COSHH) risk assessment and ensure data regarding COSHH products used was readily available to staff.
- Formalise the multidisciplinary team meetings including recording and sharing the minutes of meetings.

Summary of findings

- Introduce a system to record verbal/informal complaints.
- Ensure that the practice Care Quality Commission registration is updated to reflect the current partnership arrangement.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There was a system in place for reporting, recording, monitoring and reviewing significant events, although these tended to only relate to clinical issues. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed although staff had not attended a fire drill, and a control of substances hazardous to health risk assessment had not been completed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence and used electronic templates linked to guidance to assess patients. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Systems were in place to support carers and patients to cope emotionally with their health condition. Information to help patients understand the services available was easy to understand. We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GPs and practice manager attended the locality meetings. Patients told us they could get an appointment when they needed one, often on the same day and with a GP of their choice. Patients could also

Good



Summary of findings

book appointments in advance. The practice had good facilities and was well equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. The practice did not have a system in place for recording any verbal / informal complaints and dealt with these as they arose.

Are services well-led?

The practice is rated as good for being well-led. There had been changes in the management structure at the practice. A GP joined the practice in May 2015 as partner, as the previous partner had left the practice. The provider had not notified the Care Quality Commission of this change. The registration with the Care Quality Commission (CQC) had not been amended to reflect this change. The new GP needed to apply for registration with CQC as a partner, and the previous partner needed to be removed from the practice CQC registration. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and there were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice had a high percentage of patients over the age of 65 years (23% of the practice population). The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example dementia diagnosis and avoidance of unplanned admissions. It was responsive to the needs of older people and offered home visits as required and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and asthma. Longer appointments and home visits were available when needed. The practice maintained registers of patients with long term conditions and all of these patients were offered a review to check that their health and medication needs were being met. The practice reviewed the most vulnerable of the practice population who were at risk of admission to hospital. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the immunisation rates were comparable to the local Clinical Commissioning Group average. A family planning service was available, as well as screening kits for chlamydia.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered extended hours with the GP between 6.30pm and 7.15pm two evenings a week, and practice nurse appointments were available up to 6.30pm two evenings a week. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people living with dementia). The practice held registers of patients with poor mental health and dementia. Patients experiencing poor mental health were offered an annual physical health check and the practice had reviewed 88% of patients on the register during 2015.

Memory clinics for patients living with dementia were held on site. The practice had carried out reviews on 90% of patients identified as living with dementia during 2015.

Good



Summary of findings

What people who use the service say

We spoke with five patients during the inspection and collected 32 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients told us they felt fully informed and involved in the decisions about their care and treatment. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2015 from 99 responses showed that patients were happy with how they were treated and responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was above average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 84.8% said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 81.7% and national average of 86.6%.
- 96.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.9% and national average of 95.2%

- 84.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78.3% and national average of 85%.
- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.1% and national average of 86.3%.
- 76.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.3% and national average of 81.5%.
- 96.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89.8% and national average of 90.4%.
- 98% said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 91.6% and national average of 91%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96.5% and national average of 97.1%
- 96.2% said that the last time they saw or spoke to a nurse; the nurse was good or very good at involving them in decisions about their care compared to the CCG average and national average of 84.9%.

Areas for improvement

Action the service SHOULD take to improve

Carry out periodic fire drills to ensure staff know how to follow the fire evacuation procedure.

Carry out a Control of Substances Hazardous to Health (COSHH) risk assessment and ensure data regarding COSHH products used was readily available to staff.

Formalise the multidisciplinary team meetings including recording and sharing the minutes of meetings.

Introduce a system to record verbal/informal complaints.

Should ensure that the practice Care Quality Commission registration is updated to reflect the current partnership arrangement.

Southfield Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and Practice Manager specialist advisor.

Background to Southfield Way Surgery

Southfield Way Surgery is situated in Great Wyrley, Staffordshire. It is part of the NHS Cannock Chase Clinical Commissioning Group. We found there had been changes to the practice registration, as one partner had left and another had been appointed. The provider had not amended the registration with the Care Quality Commission (CQC) to reflect these changes. The practice is located in a converted and extended domestic property, with all patient facilities located on the ground floor. At the time of our inspection there were 3,007 patients on the patient list.

A team of two GP partners (two male), and a practice nurse provide care and treatment to the practice population. They are supported by a practice manager, secretary and a team of reception staff. The practice is open from 8am until 6.30pm from Monday to Friday. Each GP works specific days each week and appointments are available every morning and afternoon except Friday afternoons. Appointments are available from 9.30am to 12 noon and 3pm until 7.15pm on Mondays and Wednesdays, 9.30am to 11.30am and 4pm to 6pm on Tuesdays, 8.30am to 11.30am and 3 pm to 5pm on Thursdays and from 8.30am to 10.30am on Fridays. Extended hours appointments are available with a GP

between 6.30pm and 7.15pm on Monday and Wednesday evenings. Nurse appointments are available from 8.30am to 6.30pm (excluding lunch) on Mondays and Tuesdays, and from 8.30am to 1pm on Wednesdays and Fridays.

The practice provides an enhanced service to the local 250 bedded care home, and the GPs hold two to three hourly surgeries at the care home three times a week.

Patients requiring a GP outside of normal working hours are advised to call the practice, where the call is automatically diverted to the out of hours service, which is Staffordshire Doctors Urgent Care. The practice has a PMS (Personal Medical Services) contract and also offers enhanced services for example: various immunisation schemes and minor surgery.

The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. The practice also has fifth year medical students on placement.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 16 December 2015.

We spoke with a range of staff including the GPs, the practice nurse, the practice manager and members of reception staff during our visit. We spoke with patients, looked at comment cards, NHS Friends and Family Test results and reviewed survey information. We spoke with two representatives from the local care home where the practice provides an enhanced service.

Are services safe?

Our findings

Safe track record

The practice had a system in place for reporting, recording and monitoring significant events and near misses. There was an electronic system in place for recording significant events. Staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared between the GP and staff to make sure action was taken to improve safety in the practice. The practice nurse discussed the most recent significant event which related to a blood sample being incorrectly labelled. We saw that the incident had been investigated and the lessons learnt shared with staff team. However we also saw that an additional significant event had been discussed during a practice meeting held in July 2015 but had not been recorded and investigated.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead staff member for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Contact details for external agencies were on display around the practice, including the consultation and treatment rooms.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. Although the practice did not meet regularly with the health visitor, they told us they contacted them by telephone to share any concerns.
- A chaperone policy was available to all staff. Nursing and reception staff acted as chaperones if required and a notice on the television screen in the waiting room advised patients the service was available should they

need it. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Patients told us they had been offered a chaperone when appropriate.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment and staff had received training, although a fire drill had not been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises infection control and legionella. The practice did not have a control of substances hazardous to health (COSHH) risk assessment or data sheets for the products used.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. It was not clear who was the infection control lead for the practice. There was an infection control protocol in place and staff had received training, including hand washing techniques. The practice nurse attended infection control updates and updated the practice on any changes. An infection control audit had been undertaken in April 2015 by the Clinical Commissioning Group infection control team which identified areas that needed attention, for example walls behind sinks needed to be able to be wiped clean. The practice had addressed the issues identified and completed a further audit in August 2015 to demonstrate the work had been completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored although the boxed prescriptions for the printers were not. The practice did not have systems in place to monitor their use. This was discussed with the practice manager

Are services safe?

during the inspection. The practice manager provided written confirmation following the inspection that all prescriptions were stored securely and systems in place to monitor their use.

- The practice nurse and reception staff had worked at the practice for at least ten years, which was prior to the practice being registered with the Care Quality Commission. Consequently the current required recruitment checks had not been carried out. However, all staff had the appropriate checks through the Disclose and Barring Service, proof of identity was on file and registration with the appropriate professional body was in place for the practice nurse.
- The practice had an arrangement in place whereby colleagues of one of the partners would cover GP sessions at the practice when required. Although the practice had assured themselves that they were entitled

to practice, they had not recorded the information. The practice manager told us that the appropriate checks would be completed next time they employed a locum GP.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice manager shared updates with the clinicians and practice nurse. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Electronic chronic disease management templates were available for use by all clinical staff.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, palliative care register or part of the avoiding unplanned admissions scheme. Care plans had been developed for these patients and were reviewed annually or on change.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against the national screening programmes to monitor outcomes for patients. The practice achieved 82.3% of QOF points which was below the local Clinical Commissioning Group (CCG) average of 91.9% and national average (94.2%). This practice was an outlier for a number of QOF (or other national) clinical targets. For example: two for diabetes and two for heart disease. As a consequence the practice used its electronic system to highlight patients who had tests outstanding and proactively carried out these tests when they attended for appointments. The practice manager also carried out monthly searches to identify patients with long term conditions who required an annual review. This was intended to improve the management and monitoring in the clinical outlier areas identified and the practice were actively making improvements/or not in these areas.

Data from 2014-2015 showed:

- The percentage of patients with hypertension whose blood pressure was within the recommended range was comparable to other local practices (89.65%) and above the national average (83.1%).
- The dementia diagnosis rate was comparable to other local practices (76.92%) although slightly below the national average (83.8%).
- Performance for mental health related indicators were comparable to other local practice and national averages.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed five clinical audits carried out during 2015, one of which was a completed audit looking at antibiotic prescribing where the improvements made were implemented and monitored. The audit demonstrated that the practice had reduced their overall prescribing of antibiotics.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Staff completed e-learning training on safeguarding, chaperoning and infection control. Staff had also received training of fire safety, basic life support and conflict resolution.
- The GPs and practice nurse attended training events organised by the local CCG.
- The learning needs of staff were identified through appraisals, discussions and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, monthly protected learning time either in house or organised by the CCG, and facilitation and support for the revalidation of doctors and nurses.
- All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk

Are services effective?

(for example, treatment is effective)

assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they are discharged from hospital. Due to the small number of patients the practice did not hold formal meetings with the multidisciplinary team but discussed patients with complex needs as and when required. The practice did meet with the palliative care team but did not record minutes of these meetings.

There was some confusion as to how information was shared with the out of hours service. One GP used a written template to share information and the other GP tended to contact patients they were concerned about the following day. The practice manager following the inspection forwarded a copy of the template that was available to the GPs and the practice decided that this would be used by all GPs.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity. The practice told us that 90% of the patients identified on the dementia register had received an annual review. Clinical staff had attended training on the Mental Capacity Act as part of their protected learning time with the local Clinical Commissioning Group. Other staff had received in house training via the e-learning programme. Staff told us that written consent was obtained when required, for example, immunisations and minor surgery.

We spoke representatives from a local care home. They told us the practice worked with them to meet the needs of

patients. They told us the GPs held clinics at the home three times a week to review patients as required. They also told us that the GPs would visit on request if required or arrange for the Home Visiting Service to attend. The Home Visiting Service was a local service funded by the local Clinical Commissioning Group, who visited patients at home when their own GP was unable to carry out the visit themselves. They told us the GPs discussed end of life care with patients and their families and developed plans according to their wishes.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Patients could be signposted to the relevant service as required. The practice offered in house smoking cessation support, and 40% of patients identified as smokers had received advice, and 27% of those had been assisted to stop smoking.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.31%, which was comparable to the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although it did not record whether patients attended for screening.

Childhood immunisation rates for the vaccinations given were comparable to or above the Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66.7% to 100% and five year olds from 92.9% to 100%. Flu vaccination rates for the over 65s were 65.6% (2013-2014) which was below the national average of 73.2%, and at risk groups 51.9%, which was above the national average of 47.28%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that people were treated with dignity and respect. Staff knew patients by their first names and asked about their wellbeing when they presented at the desk.

We spoke with five patients during the inspection and collected 32 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff were kind, helpful and considerate.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Patients told us where appropriate they had been offered a chaperone for intimate examinations.

Results from the national GP patient survey published in July 2015 from 99 responses showed that patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 84.8% said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 81.7% and national average of 86.6%.
- 96.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.9% and national average of 95.2%
- 84.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78.3% and national average of 85%.
- 96.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89.8% and national average of 90.4%.

- 98% said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 91.6% and national average of 91%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96.5% and national average of 97.1%

Care planning and involvement in decisions about care and treatment

Patients told us they felt fully informed and involved in the decisions about their care and treatment. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients' comments on the comment cards we received were also positive and supported these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with or above the local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.1% and national average of 86.3%.
- 76.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.3% and national average of 81.5%.
- 96.2% said that the last time they saw or spoke to a nurse; the nurse was good or very good at involving them in decisions about their care compared to the CCG average and national average of 84.9%.

Staff told us that translation services were available for patients who did not have English as a first language, although this service was very rarely required. The contact details were on display in reception.

The practice had a zero tolerance to violent or abuse patients. Staff had received training on conflict resolution. Staff told us they had not experienced any potentially difficult situations with patients.

Patient/carer support to cope emotionally with care and treatment

Staff told us that newly diagnosed patients with diabetes were given an information booklet about their condition,

Are services caring?

where they could record information such as their blood sugar readings. They were referred to an educational and self-management course to assist them to manage their diabetes effectively.

The practice's computer system alerted clinical staff if a patient was also a carer, although the practice had not formalised this information to create a register of carers.

Staff told us that if families had suffered bereavement, they were contacted by their usual GP and offered an appointment or the GP may carry out a home visit. Patients were given information about the bereavement helpline.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GPs and practice manager attended the locality meetings. The GPs and practice nurse also attended the monthly protected learning time events organised by the CCG.

The services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Home visits were offered to patients who were unable to or too ill to visit the practice.
- Extended hours were offered with a GP on Monday and Wednesday evenings.
- Same day appointments were available for children under 12 years old and over 75 years when requested, as well patients requesting an urgent appointment.
- All patients on the admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided an enhanced service to the local 250 bedded care home, and the GPs held two to three hourly surgeries at the care home three times a week.

Access to the service

The practice was open from 8am until 6.30pm from Monday to Friday. Each GP worked specific days each week and appointments were available every morning and afternoon except Friday afternoons. Appointments were available from 9.30am to 12 noon and 3pm until 7.15pm on Mondays and Wednesdays, 9.30am to 11.30am and 4pm to 6pm on Tuesdays, 8.30am to 11.30am and 3pm to 5pm on Thursdays and from 8.30am to 10.30am on Fridays. Extended hours appointments were available with a GP between 6.30pm and 7.15pm on Monday and Wednesday evenings. Appointments were also available with the GP registrar from 9.30am to 11.30am and 4pm to 6pm on Mondays, Tuesdays and Wednesday, and from 8.30am to 10.30am and 3pm to 5pm on a Friday. Nurse appointments were available from 8.30am to 6.30pm (excluding lunch) on Mondays and Tuesdays, and from 8.30am to 1pm on Wednesdays and Fridays.

The practice offered a number of appointments each day with the GPs and practice nurse for patients who needed to be seen urgently, as well as pre-bookable appointments. Once the same day appointments had been taken, patients requiring an urgent appointment were seen at the end of surgery. We saw that appointments were still available on the day our visit and for the following two days with the GPs.

Patients told us they could get an appointment when they needed one, on the day same if urgent and often the next day for a routine appointment. A number of patients spoken with had contacted the practice that day for an appointment, and one patient had been given a next day appointment for a routine appointment. These comments were similar to those made on one comment card.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages and patients we spoke to on the day were able to get appointments when they needed them. For example:

- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 75.5% and national average of 73.3%.
- 92.5% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 85.3% and national average of 85.4%.
- 85.9% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.5% and national average of 65.2%.
- 80.1% of patients felt they didn't normally have to wait too long to be seen time compared to the CCG average of 61.9% and national average of 57.8%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated person who handled all complaints in the practice.

Information on how to complain was available on the website and in the practice leaflet. However, there was no information on display in the waiting room and the practice leaflet was only available on request. The practice did not have any complaint forms for patients to record any

Are services responsive to people's needs? (for example, to feedback?)

concerns they may have. Not all of the patients spoken with knew how to complain but told us they would speak to the reception staff. None of the patients we spoke with had any complaints about the practice.

The practice told us they had received one complaint via NHS England during the previous 12 months. We looked at the information returned and found that the complaint had been satisfactorily handled and demonstrated openness and transparency. However we also saw that two

additional complaints were discussed during a practice meeting held in July 2015. One complaint related to the time taken to answer the telephone and the other was from a patient who was unable to speak with a GP on Friday afternoon. The practice had responded appropriately and apologised to the patient. However, neither of these complaints were recorded. The practice did not have a system in place for recording any verbal / informal complaints and dealt with these as they arose.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver the best health care to patients in an individualised and personal manner. Staff understood the vision and contributed towards its delivery.

There have been changes in the management structure at the practice. A new GP joined the practice in May 2015 as partner, as the previous partner had left the practice. The provider had not notified the Care Quality Commission (CQC) of this change. The new GP partner needed to apply for registration with CQC as a partner, and the previous partner needed to be removed from the practice's CQC registration.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice. Data relating to the Quality and Outcomes Framework was reviewed monthly.
- A system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events took place. The practice should consider reviewing positive incidents to share good practice about what works well.
- There was a system of audit cycles which demonstrated an improvement in outcomes for patients.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Confidential information was stored securely.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure good quality care. The GPs were visible in the practice and staff told us they were approachable and they felt able to raise any issues or ask for help and support.

Staff told us that team meetings were held and minutes of meetings were made available to all staff. The GPs and the practice manager told us they discussed clinical and management issues on a regular basis but these meetings were informal and minutes were not recorded to enable staff to reference these over time. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. The GPs were involved in revalidation, appraisal schemes and continuing professional development. There was evidence that staff had learnt from incidents and there was evidence of shared learning between staff.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the NHS Friends and Family Test and any complaints received. The practice reviewed the results and acted on suggestions / comments.

The practice had established a Patient Participation Group (PPG) and held a meeting. However, feedback from the meeting had been limited with no suggestions for improvements or changes so further meetings had been put on hold.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.